

## NEVADA GAMING COMMISSION

**Racing Information Disseminators Monthly Report**

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION is required to be filed MONTHLY, pursuant to NRS 463.450.

**FOR****Filing Deadline:**

Account No., Name, Address, Zip Code

For Office Use Only

Please correct if in error
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Check Number \_\_\_\_\_

Batch Number \_\_\_\_\_

Entry Date \_\_\_\_\_

1. **Enter Total of Fees Collected from Users for the Dissemination of Live Broadcasts** (Sum of column C on attached schedules) \$ \_\_\_\_\_
2. **Total Tax Due** (4.25% of amount on Line 1) \$ \_\_\_\_\_
3. **Penalty For Late Payment** NRS 463.270(5)
  - A. Fewer than 10 days late:  
25% of the amount due on Line 2 but not less than \$50 or more then \$1,000 \$ \_\_\_\_\_
  - B. Ten or more days late:  
25% of the amount due on Line 2 but not less than \$50 or more than \$5,000 \_\_\_\_\_

**Penalty Due** [Line 3A or Line 3B] \_\_\_\_\_
4. **Total Amount Due** [Line 2 + Line 3] \$ \_\_\_\_\_

Please make remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, \_\_\_\_\_, certify and declare under the penalties of perjury that I am the \_\_\_\_\_ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Person to contact regarding this report:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**